

Lisa Smith

*'You're 16...you should probably be on the pill': Girls, the non-reproductive body, and the rhetoric of self-control*

No woman can call herself free who does not own and control her body. No woman can call herself free until she can choose consciously whether she will or will not be a mother. (Sanger 1919)

*Lisa*: Tell me about why you started taking the pill?

*Lucie*<sup>1</sup>: Well, basically... I was in high school, I had a boyfriend. And my mother said (makes a funny voice), "We are going to take an appointment with the doctor!" It wasn't an obligation. It was like natural. "Well, you are having a sexual relationship, so you should take the pill!"

## Introduction

During the twentieth century, within western feminism, reproductive choice has often been identified as a precondition for women's freedom (Albury 1999), wherein the non-reproductive body—or the absence of pregnancy—is an expression of one's will. As a woman-centred, affordable and reliable contraceptive, the oral contraceptive pill, or the pill,<sup>2</sup> is often touted as a device that allows women to realize freedom. Historians have recognized that such an overly simplistic narrative ignores the ongoing difficulties that women face in managing side-effects and glosses over difference; the pill has been used and has affected individuals in varied ways across time (Cream 1995; McLaren 1990). Today, many contemporary feminist scholars, such as Granzow (2007), Ruhl (2002) and Weir (1996), have sought to challenge the connection between reproductive choice and the rhetoric of self-control—wherein personal autonomy is fetishized—recognizing that choices are always contingent, partial, and lived by subjects within particular social contexts. With a view to advancing scholarship in this vein, I wish to explore an under-examined dimension where neoliberal demands for self-control emerge in the context of taking the pill: age—or more specifically, youth.

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In contemporary Canadian society, it is mostly young women who take the pill (Baker 2008; Black et al. 2004; Black et al. 2009; Wilkins et al. 2000).<sup>3</sup> In taking the pill, most young women aim to maintain a non-reproductive body for an extended period of time, as opposed to timing and spacing pregnancies. While there is a medical logic behind prescribing the pill to young women, there is also a socio-cultural dimension whereby pill use has come to be associated with girls. In this paper, the term 'girls' refers to young heterosexual women in their mid-to-late teens to early twenties, which Driscoll (2002) identifies as a distinct sub-group of girl culture within North American culture and society. Generally speaking, girl subjectivity refers to a period of flexibility and malleability. Both 'tweens' and young adult women are girls, the former are expected to be asexual, while the latter are encouraged to be sexual. However, unlike adult women, girls still exist on the border between child and adult (Driscoll 2002, p. 4; Harris 2004). In this sense, for girls, fertility control allows for *future* success and stability,<sup>4</sup> as opposed to maintaining equilibrium in an existing family unit within the context of a long-term, committed relationship. While we can understand girl subjects, and girl culture more generally, as non-uniform and shifting from one context to the next,<sup>5</sup> there are few instances where young women under the age of twenty-five are actively encouraged or seek to get pregnant. Instead, under neoliberalism young women are encouraged to take charge of their fertility through employing preventative measures. In Canada, the pill can thus be understood as a relatively common way of managing pregnancy for young women within the context of more general expectations for individual control of fertility that vary across the life course.

In this paper, I draw on a series of twenty-seven qualitative interviews conducted in Montreal as part of my doctoral research examining the links between girl culture and pill use in contemporary Canadian society. As did Granzow (2007) and Ruhl (2002), I found that women are expected to exercise choice, even though they have access to very few options; however, this disjuncture is even more marked when the subject in question is a young woman due to the intersection of youth, gender, and sexuality, which produces a more complicated practice of freedom because the boundaries of subjectivity are in flux (see Connell & Hunt 2010; Curtis & Hunt, 2007). For the young women I interviewed, taking the pill to maintain the non-reproductive body involved choice, but also varying degrees of obligation and coercion. So while adult women

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might be expected to choose between several options, as one participant observed, if you are young, female and 16, why would you not just take the pill?

### Methodology

In-depth interviews were conducted with a total of twenty-eight participants, all of whom were between the ages of eighteen to twenty-eight, living in Montreal, and currently taking the pill.<sup>6</sup> All women in the study began using the pill between the ages of sixteen and twenty. The inclusion of the upper age range allowed for a retrospective account, as well as a confirmation of the shift that takes place as a young woman transitions from being a girl to an adult woman. Participants over twenty-five years of age indicated that they were actively seeking out other contraceptive options and identified that they now relied less on the advice of peers, parents and doctors than when they were younger. Finally, participants under the age of eighteen were excluded to facilitate the process of ethics approval, which proved lengthy and difficult.<sup>7</sup>

Driscoll (2002), Gonick (2006), and Harris (2004), have all observed that there is an incredible diversity between different girl subjectivities. I expected to find significant differences between participants on the basis of different identity characteristics in terms of how they described their reasons for taking the pill.<sup>8</sup> However, at least in this study I found that participants rarely identified race, social class, or even cultural identity (i.e. francophone versus anglophone) as impacting the way they connected the pill to fertility control, and understood their personal choice to take the pill. What I did find was that participants expressed a general ethic that young women should adopt responsible contraceptive habits and that the pill is one the best ways to accomplish this. The strength of the data discussed in this paper should thus be understood in terms of how it allows for an exploration of the ethic that supports *pill use* by some young women, within the context of girls as a particular form of subjectivity, as opposed to all women in Canada.

My orientation to this data is significantly shaped by the fact that I am a Caucasian heterosexual woman from a lower to middle-class family who grew up in a suburb of Vancouver as the second of five children. At the time of this research I was living in Montreal, in my early thirties, a full-time student, employed part-time, a parent of two young children, and living in a common-law relationship. Like many of the participants I had used the pill on and off during my

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late teens and early twenties. At the time of the research, I was relying on condoms and extended breast-feeding for contraception. My gender, class, educational level and position of power as a researcher worked for and against me during the interview process. As a 'youngish' heterosexual woman, most participants indicated that they felt that I could understand their concerns and experiences in relation to fertility control. I was not 'old' yet. However, my position as a researcher meant that participants were often reticent to reveal personal thoughts about the pill until they were certain I was not judging their choices and conduct. I will return to these issues in the analysis.

In analysing interview transcripts, I drew on Foucault's (1979, p. 18) notion of discourse, where power and knowledge come together to produce certain truths about young women as subjects.<sup>9</sup> A discursive formation or field emerges that makes it possible for certain statements to be 'true' or 'sayable' when discourse becomes organized into a system or network that brings together disparate institutions and structures. Girl subjects are constituted by discourses that give particular meaning to particular stages in a woman's life. I employed Hall's (1997, pp. 45-46) guidelines for discourse analysis, in order to examine what types of statements young women made about the pill, what was 'sayable' and 'thinkable', which 'subjects' have the authority to speak, and how conduct is organized in relation to particular social relations and institutions. I conducted in-depth readings with a selection of the interviews and then developed codes from my theoretical framework in order to analyze the remaining transcripts. Further, in keeping with a narrative approach to research, in the analysis, particular attention is paid to framing quotes within the context of biographical details about each participant, as well as the references they made to other relationships. In this sense, the interview is understood as a site where individuals make sense of their subjectivity through recounting stories about their lives and experiences, as well as the lives and experiences of others (Czarniaski 2004, p. 5; Elliott 2005; Somers 1994).

### **Unpacking the rhetoric of self-control and non-reproduction**

*Lisa:* When you think of contraception, do you think of it as a moral issue?

*Allison:* Umm...I don't. Well...I think of it as a moral issue in terms of...yourself. Maybe not morality, but responsibility, do you see yourself as a responsible person, are you responsible in your health.

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As Allison observes, using contraception is not necessarily moral in a general sense, but rather in an individual sense. Her observation beautifully captures the transition in late modern capitalist societies to what Ruhl (2002) identifies as the ‘willed pregnancy’—wherein individuals are *obliged* to plan and consciously choose reproductive outcomes. Here, Ruhl complicates the commonly held assumption that choice in relation to fertility control is directly representative of expressions of autonomy and freedom. While technologies that allow for fertility control do allow a modicum of control, there are, equally, social boundaries that support particular reproductive *and* non-reproductive subjectivities. In North American society, women are now expected to be non-reproductive until financial stability and/or a long-term committed relationship are attained (Baker 2008). They are generally expected to cease reproducing by forty. In actuality, there is a very brief window wherein a reproductive body is considered ‘normal’, ‘healthy’ and/or socially acceptable.

According to Ruhl (2002), contemporary debates about fertility control demonstrate the increasing tendency under neoliberalism to embrace the rhetoric of self-control. Indeed, in the contemporary context, control of fertility requires considerable effort on behalf of individual women. Neoliberalism is characterized by the increasing tendency to emphasize individuality, empowerment, and self-realization within mass consumer culture, as well as government programs that seek to encourage responsible citizenship (Cruikshank, 2002; White & Hunt, 1991), as opposed to legal sanctions that seek to impose moral regulations. Adams et al. (2009) observe that neoliberalism also involves an increased tendency to value anticipation and future oriented thinking. Indeed, within the realm of health and sexual health, both men and women are encouraged by government programs, pharmaceutical advertisements, magazines and television shows, to employ preventative measures to maximize well-being (Hacking, 1990; Lupton, 1995; Rose, 1991). The pill is a manifestation of an ethic of rational preventative self-care. While we might embrace these technologies of freedom for how they provide increased control over the body, the material point is that in using technologies like the pill women enter into complex social systems and relationships that paradoxically limit their autonomy. Equally, technologies like the pill support the notion of the ‘willed pregnancy’ and celebrate the autonomy of women. On the flip side a woman who fails to plan and control reproductive outcomes is considered irresponsible. In fact, for all women, maintaining a non-reproductive body requires reliance on advanced

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technologies, integrated health systems, and even more importantly, chance—pregnancy is not always planned and sometimes occurs unexpectedly, even when preventative measures have been employed.

Foucault's concepts of governmentality and biopower are useful here. Governmentality refers to the ways that modern liberal forms of government encourage subjects to internalize surveillance and govern themselves without the need for state intervention (Foucault 1991). In this sense, government refers to the management of populations and the ways that the conduct of subjects is oriented towards particular ends without the need for direct intervention and regulation. Tangential to governmentality is biopower, which can be traced back to the early part of the 18<sup>th</sup> century, when modern liberal states began to monitor, document and direct the health and wellness of the population as a whole through a variety of social policies and practices (Foucault, 2010, p. 267). Both governmentality and biopower capture the subtlety of contemporary regulatory projects, and the ways that the active participation of subjects is both encouraged and required. Young women who take the pill are not the passive objects of governance and are urged to actively participate in managing their health and fertility.

However, as Valverde (1996) observes, demands for self-control emerge differently depending on the subject in question, meaning that there are certain circumstances wherein coercion is acceptable even though it may generally be incompatible with liberal notions of freedom and bodily autonomy. She identifies age as a key factor in limiting the ways that subjects exercise freedom (Valverde 1996, p. 360). A recent example of the intersection of governmentality, biopower and age is noted by Connell and Hunt (2010, p.68) in relation to the HPV (human papilloma virus) vaccination campaign. The campaign explicitly targets young Canadian women (and their mothers). They observe that the HPV vaccine 'is simultaneously about a biopolitical medical procedure, the vexed question of sex for daughters and their mothers, and the wider societal preoccupation with teenage sexuality'. Like Connell and Hunt (2010), I found that pill use by young women is connected to mass promotion of certain pharmaceutical devices by companies and the government, as well as the construction of young women as problematic subjects in need of gentle coercion and guidance from mothers and doctors. Thus, for young women, taking the pill to maintain the non-reproductive body is more than the negation of reproduction as it

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involves the performance of a particular type of subjectivity—a responsible sexually active girl (Butler 1990). I now turn to the particular ways that taking the pill is intertwined with girl subjects.

### Girls and the pill

*Lisa:* What do you remember most about the Alesse advertising campaign?

*Marie:* Yeah, I feel like it was like young women... It was fun and young, so I imagine the pharmaceutical company was really targeting girls exactly like me, who were just like, who had been watching *Sex and the City* secretly since they were 15. Who were like [making funny voice] “Oooh, sexual adventures! But got to be safe...” So it was like safe and it was like be responsible and [whispering] (have sex).

Marie’s observations about the Alesse advertising campaign—a brand of birth control pill popular in Canada—are helpful for highlighting the particular relationship between girls and the pill and the specific characteristics of this sub-group within girl culture. Like many participants, Marie, who was 26 years old at the time of the interview, still identified herself as a girl. During our interview, she used a comical lowered voice to intimate that girls are expected to have ‘sexual adventures’, but that they should also ‘be safe’ while doing so. Her lowered voice indicated that she was sharing a ‘secret’ with me as a woman. As she expressed later, taking the pill is ‘what girls my age do’. Cream (1995) and Fennell (2010) argue that the pill is strongly associated with women. Like any pharmaceutical device, the pill can be used for different purposes by different individuals. Men can take the pill for treatment of prostate cancer, while women can use the pill for varied purposes, such as treatment of polycystic ovaries, treatment of acne and menstrual regulation. The fact that the pill is so strongly associated with women’s contraception has to do with an ongoing socio-cultural process of definition that involves a complex interplay between popular culture, mass consumer culture, standards of medical treatment, government and industry regulations and intimate relationships in daily life. While a gendered lens is definitely pertinent, when we consider that pill use is highest among heterosexual women in their late teens and early twenties (Baker 2008; Black et al. 2004; Black et al. 2009; Wilkins et al. 2000), it becomes apparent that age is also a key factor. As Marie keenly observes, the pill company was targeting heterosexual young women exactly like her, not women generally, and definitely not men.

As I mentioned previously, not all young women who fall within a given age range are girls and not all women who fit notions of girl subjectivity will take the pill. Driscoll (2002), Gonick

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(2006) and Harris (2004) emphasize the diversity within and between types of girl subjects (see also Doull and Sethna 2011; Smith 2014). The Alesse advertising campaign mentioned above is one example of contemporary girl culture as it appears in mainstream North American society; in this context, girls are mostly heterosexual and middle-class, even though it may include young women from various ethnic and racial backgrounds. Girls are the ‘vanguard of new subjectivity ... Power, opportunities, and success are all modeled by the ‘future girl’ — a kind of young woman celebrated for her ‘desire, determination and confidence to take charge of her life, seize chances, and achieve her goals’ (Harris 2004, p. 1). However, we know that not all young women will desire to or be successful at realizing neoliberal expectations for self-control. Indeed, as Harris (2005, p. 42) observes, neoliberal demands for fertility control obscure the fact that a young woman’s access to health care and the support of her family in making birth control choices is highly dependent on her social status, as well as her race and ethnicity. Thus, the category girl is modulated by shifting forms of subjectivity that are lived by young women within the context of historically, culturally and socially specific notions of success and failure.

In Canada, the relationship between gender, youth and pill use is a relatively recent phenomenon. For example, Cream (1995) argues that taking the pill is an activity that we expect of middle-class heterosexual women. As she observes, in most late-modern capitalist societies, ‘[t]he heterosexual, fertile woman on the pill, wanting to plan the size of her family, for example, makes sense’ (Cream 1995, p. 158). Indeed, when the pill was first released the majority of women taking it were in their mid-to- late twenties and were married, white, heterosexual, and middle to upper-class (Tone 2001). As May (2010), Sethna (2005), and Tone (2001) have observed, it was very difficult at that time for young unmarried women to obtain a prescription for the pill.

In contrast, today’s adolescents and young women are expected to engage in a period of non-reproductive sexual exploration (Driscoll 2002, p. 4) and they are encouraged to adopt responsible contraceptive habits, such as pill use, under the guidance of mothers and doctors (Alderman et al. 2003; Baker 2008). As I will discuss shortly, several participants explained that they were encouraged to take the pill by their mother or their doctor when they were 15 or 16 years of age. Crocetti & Barone (2004, p. 187) indicate that age is an important factor in contraceptive counselling for doctors. As they note, the pill is the preferred method to offer to

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young patients because it allows for a high degree of error, is highly effective, and does not require the individual to manoeuvre with a device. In contrast, doctors are encouraged to suggest long term reversible methods to women in their mid-to-late twenties, such as the Intra Uterine Device, the injection or the contraceptive patch. For the young women in this study, contraceptive counselling, and the recommendation to take the pill by a parent or medical professional, was seen as a 'natural' part of growing up. My aim here is not necessarily to take issue with the particular decision making processes of medical professionals, which may involve sound judgements about which methods are most acceptable for certain patients. Rather, I wish to draw attention to the tension between the perception of choice making and the ways that women live those choices within the context of particular life circumstances, what Granzow (2007) terms 'lived choosing'.

The connection between girls and pill use can also be understood in the context of the growing prominence of pharmaceutical solutions to everyday problems, what Fox & Ward (2008) call the 'pharmaceuticalisation of everyday life'. More specifically, we see that pharmaceutical technologies are marketed by emphasizing crisis points across the life course, such as 'female sexual dysfunction' for heterosexual women (see Fishman 2004), and impotency for middle-aged men (Loe 2006; Potts 2004) and ageing heterosexual men (Marshall 2009). In a similar fashion, I understand the pill as a gendered pharmaceutical technology that is now deeply intertwined with contemporary expectations for girls to be sexual, but to remain non-reproductive.

### **'At 15... I didn't want to be pregnant'**

*Lisa:* Why did you not want to get pregnant?

*Renée:* Because I am too young. I was too young at fifteen... I didn't want to be pregnant.

In this first analysis section, I explore the importance that the young women I interviewed attached to maintaining a non-reproductive body. All participants indicated that having sex was accepted and to some degree expected for young women in their late teens and early twenties, and equally that not getting pregnant was a given. The quote above is from Renée, a 20 year old Caucasian francophone, who was single at the time of the interview.<sup>10</sup> As she explained to me, when she first started taking the pill at 15 years old, she was too young to become pregnant.

*Lisa:* Is it something that is important for you?

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*Renée:* Yes. A lot, actually, because I want to study and get pregnant later. That's what we want now, we will study, wait until we have money, blah blah blah... but, that's it, you are too young. And also, the person who I was with, I didn't see myself having a family with them (laughs).

As Renée explained, not getting pregnant was very important to her, even though she acknowledges that pregnancy will be desirable later, when she is finished with her studies, financially secure, and in a long-term relationship. The fact that she is somewhat flippant about these social goals, 'blah blah blah', indicates that they are standardized and are not necessarily unique to her life.

Jennifer, a Caucasian anglophone originally from the United States, had moved to Montreal in order to attend university. She started taking the pill when she was 20 years old because she was in a sexual relationship and did not want to get pregnant.

*Lisa:* Why is [not getting pregnant] important for you?

*Jennifer:* Well I feel like I'm way too young to have a kid, I'm not financially able to have a kid nor do I want one right now. It's not on my radar. And um... that's really it.

*Lisa:* So having reliable contraception is important for you?

*Jennifer:* Yeah, I can't afford emotionally or financially at this point in terms of like ... yeah, it would be a disaster [laughs]. Um... I also, I just don't think I would be capable to care for a child on my own at this stage in my life. Yeah. It's not happening.

Like Renée, Jennifer indicated that her youth and financial situation were strong factors in her desire to avoid pregnancy. Also like Renée, Jennifer laughed when discussing the importance of not getting pregnant, even though she described the consequences of an unplanned pregnancy as 'disastrous!' and used an exaggerated voice and hand gestures to indicate this. Indeed, I found that participants were often surprised or taken aback when I asked the question, 'Why is not getting pregnant important to you?' Both laughter and surprise in this instance suggest that the social norm of non-reproduction seems to be taken for granted. It is strange or funny to bring it into the open.

International participants indicated that this social norm was not unique to Canada or the United States. Hannah was originally from Trinidad and had immigrated to Canada with her family as a teenager. She was 24 at the time of the interview and had started taking the pill when she was 15. She indicated that it was very important for her to avoid pregnancy. When I asked Hannah

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about her reasons for taking the pill she recounted how her sister had had a child during her twenties.

*Lisa:* Is it something that is important for you?

*Hannah:* To not get pregnant right now?

*Lisa:* Yeah.

*Hannah:* Yup. Cause my older sister she got pregnant at my age, 24. And I saw how rough it was for her. Cause she'd just graduated and she had all these plans and like... she loves her daughter obviously, but still like everything she wanted to do has been put off and she still hasn't done it, you know.

Hannah's narrative is helpful for illustrating the extended period of non-reproduction that is now expected of young women. Hannah's sister was 24 when she got pregnant; she was no longer a teenager even though she was below the average age of first pregnancy in Canada, 28. Like many participants, Hannah regards pregnancy as undesirable for an adolescent or a twenty-something. Like several other participants Hannah had originally started taking the pill to decrease cramping and blood flow during menstruation. In previous work I have explored the connection between the pill and 'lifestyle' uses, such as acne and menstrual regulation, and medical uses, such as treatment of polycystic ovaries (see Smith 2014). What is relevant in the context of this paper is that taking the pill in these instances is supported by a more general notion that fertility control may be desirable in the future and thus the pill serves multiple functions for young women in particular. Hannah's narrative differed slightly from other participants in that taking the pill to regulate menstruation allowed her to access contraception without openly discussing sex with her mother. As did several other participants, Hannah continued taking the pill when she became sexually active. However, as she explained to me, because she had started taking the pill for menstrual regulation, 'when I was younger, I didn't need to tell my Mom I had started having sex because I was [already on the] pill'.

Grace, who was 28 at the time of the interview, was originally from Turkey, yet had lived in many places around the world as her parents travelled extensively for work. She came to Canada to study at university and began taking the pill when she was 18 at the suggestion of her doctor.

*Lisa:* And why did you start taking it?

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*Grace:* I had just moved to Canada and I was under International Insurance and was in ... university. And I just went for a general check up and my GP suggested that I should start taking the pill. That was pretty much it [laughs].

Grace observed that she did not see her doctor's suggestion as coercion; it made sense to her. Further, she liked taking the pill because it meant that she did not have to worry about getting pregnant.

*Lisa:* Why is that important for you?

*Grace:* [laughs] ummm... In my life, that's just not something that I want to think about. So it's like, I can just put it away.

Here Grace frames taking the pill as less of a decision than an anti-decision. In taking the pill she is able to remove the possibility of fertility entirely. Grace, the only married participant, indicated that she would likely stop taking the pill after she has children, but did not know when this would be. Her reflection expressed her understanding that the pill is what you take when you are young.

Allison was a Caucasian anglophone from Ontario. She had moved to Montreal to study and at the time of the interview she was 25. She started taking the pill when she was 17, when she became sexually active. She did not wish to become pregnant because she wanted to go to university.

*Lisa:* Why was it important not to get pregnant?

*Allison:* Umm... well I was 17 and I had aspirations to go to university. I even at that time was thinking I wanted to do a Master's degree. So I really wasn't ready to have a child.

Allison also identified a potential teenage pregnancy as imposing a heavy encumbrance on her family. As she observed, she felt an obligation to remain unburdened by pregnancy.

*Allison:* If I were to get pregnant, were to have the baby and were to keep it, it would have been a huge burden on my family. ... So I did not want to get pregnant at 17.

In line with theories of governmentality and biopower, de Courville Nicol (2013) observes that for subjects in late modern capitalist societies, conduct is cultivated through positive, as opposed to repressive, forms of socialization. Indeed, as Allison revealed, her sense of obligation to avoid pregnancy through responsible contraception was described in positive terms. She described her choice to take the pill as a demonstration of her capacity to act responsibly and take pre-emptive action.

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Alexandra was a Caucasian Anglophone, originally from Ontario. She was the only participant who identified as queer. She began taking the pill at 16 for the treatment of polycystic ovaries, but had also used it occasionally as a contraceptive when she had sex with men. Alexandra noted that her doctor indicated that taking the pill to treat polycystic ovaries was a good idea because she was 16 and likely to be sexually active in the near future. She had taught sexual health to youth and was deeply passionate about sharing knowledge with youth about contraception. She expressed a general desire for control over pregnancy consistent with girl subjectivity, but also stated that in identifying as queer, non-reproduction was even more important.

*Lisa:* And why was it important for you not to get pregnant?

*Alexandra:* Oh my god! [laughs] Well I'm super, well just I mean, having taught sexual health, I had a pretty nuanced understanding of all the different aspects of reproductive health and STIs. And it just kind of made sense, it wasn't the right time. If it was something I could control, I was gonna take every measure I could to do that. And, also identifying as queer I didn't want to be stuck in a relationship that I didn't want to be in because, it was never like a long-term life decision to have a male partner. I was not thinking of it as continuing on to raise a child.

Her reflection is a reminder of the nuanced character of girl subjects. Thus, even though Alexandra is not a typical girl subject, we can see the positive benefits that emerged from being able to enjoy sexual pleasure and exploration without the risk of pregnancy. In line with Ruhl (2002), I found that participants generally described control over fertility as not only highly desirable, but also possible. And further that learning to properly employ and use the latest technologies was reflective of one's character. Thus, participants understood the ideal body as non-reproductive and the pill as key to maintaining this state.

Yet, the narratives that emerged within interviews also indicated that the importance attached to maintaining the non-reproductive body changes across a woman's life span. For all of the young women I interviewed, being able to reliably avoid pregnancy, at least while they were 'young', was perceived to be very important. Grace was the only participant who was married. At 28, she indicated that getting pregnant unexpectedly was less dramatic. In this sense, the non-reproductive body is part of a performance of a particular form of female subjectivity, which is attached to particular types of practices, within a very narrow range of time. The irony of the rhetoric of self-control in relation to age and fertility control is highlighted by Hannah.

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*Hannah:* [My friends] just think [the pill is] unnatural. They think it's a lot of hormones that you are putting in your body. And even though I'm not ready to have a baby right now, I start thinking, you know I'm 24, I'm getting older. ... Cause they told me when I come off the pill, it might be hard for me to have kids right away.

As she observed, now that they are getting older, many of her friends have become critical of the pill. Above, Hannah notes being warned by friends that she might find it difficult to get pregnant later. As Hannah observes, in practice non-reproduction is complex as we cannot always ensure the outcome we want when we want it. Whether or not the pill causes infertility is not at issue in this paper. Instead, I wish to highlight the ways that participants experienced social expectations for non-reproduction or reproduction at different points in their lives. As did several other participants, Hannah indicates a feeling of uncertainty in terms of how she understands the limits of her body and the long-term impact of the pill on shaping her capacity to realize desired reproductive outcomes in the long-term. For all participants, the non-reproductive body was described as positive and liberating. Even so, as I explore in the next section, for almost all participants, taking the pill ultimately involved a paradoxical process of making a choice out of only *one* available option. I now turn to the ways that participants described the connection between the pill and girls.

### **'Girls take the pill...'**

*Marie:* My doctor didn't talk to me about diaphragms and I kind of felt that that was an old woman's thing. It has this like image of being antiquated, and something that's on Seinfeld [laughing].

In this second analysis section, I draw attention to the social imperative that establishes the pill as *the* contraceptive for a significant portion of young Canadian women. Even though most participants implied that today women choose between an incredible variety of contraceptives, most identified the pill as the most 'natural', 'normal' and expected option for girls. As Marie joked, she saw the diaphragm as something that is associated with 'old women', something she would see on the popular 1990s American television series *Seinfeld*. I found that among participants pill-use was highly normalized, not only because it allowed for the maintenance of the non-reproductive body, but also because taking it was perceived as an expected step along the way to becoming an adult.

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An example is provided by my interview with Serena, a Caucasian anglophone who was 19 years old at the time of the interview. She had started taking the pill at 17 when she became sexually active. Serena observed that in September university clinics are full of young women eager to get on the pill.

*Lisa:* And how was your experience at the McGill clinic?

*Serena:* Actually it was a clinic just North of McGill... when I first went there it was literally a 5 hour wait, because it was in September and there were a lot of teenaged girls. And from what I've heard that's why it's so busy with teenaged girls in September cause it's their first time away from home and they really want to get on the pill [laughs].

During our interview, Serena was very animated and she enjoyed recounting the atmospheric elements of her narrative, such as the lines of young women at clinics. She indicated several times during the interview that she loved talking about the pill with girlfriends and found it endlessly fascinating. My conversation with her, like my conversations with many other participants, was facilitated by the fact we were women discussing contraception. As she observed later in the interview, going to clinics and getting the pill often resulted in dealing with some awkward situations and experiences for young women. However, doing so was all part of the 'process' of becoming a young woman, recalling Driscoll's (2002) observation that the term girl reflects the degree to which a subject is in a process of change or development.

*Serena:* They asked me if I wanted to do a vaginal exam, but I wasn't ready for that... So yeah, it was a long wait and it was kind of uncomfortable. It was the first time I had ever been asked by a grown man, like, "Are you in a monogamous relationship? Do you pull out..." It was uncomfortable... but that's part of the process I guess.

Serena described her choice to take the pill in very matter of fact terms. As she explained:

*Serena:* ...when you go to the clinic obviously what they give you is the pill as opposed to the patch or injection... so I just went with that.

Serena's narrative is helpful for highlighting the extent to which taking the pill was associated with youth in the interviews, the role played by doctors and clinics and the increased autonomy that young women experienced when transitioning to university studies.

As did Fennell (2011), I found that taking the pill was attached to the performance of gendered expectations. Fennell examines the different roles played by women and men in practicing contraception—women take pills, men bring condoms. However, the participants in my study were younger. I found that for all but four of the young women I interviewed, male sexual

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partners were described as unimportant and/or largely uninvolved in their decision-making process.<sup>11</sup> In contrast, doctors, mothers (and even other female relatives) and female friends, were identified as very important. As Connell & Hunt (2010) have observed, girl subjects incite the concern of others, including, but not exclusively, mothers and doctors. Unlike adult women, young women are expected to be the recipients of guidance in relation to their sexual health; in spite of this, I found that in pharmaceutical marketing and public health literature, the fertility control choices of a young woman are still couched in a discourse of conventional rational decision making, while at the same time expressing an expectation for limits on autonomy because of youth (Smith 2014).

An excerpt from Tara's interview demonstrates the interconnectedness of relationships, as her mother acted as a key catalyst in her decision to go to the clinic to get the pill. Like Serena, Tara is a Caucasian anglophone and a student. She was 20 at the time of the interview. She started taking the pill at 16 when she became sexually active. Like many participants, Tara's mother suggested that she take the pill and brought her to her first doctor's appointment.

*Tara:* I was just so awkward and so 16 and she came and sat down on my bed, and she was like, we need to start talking about 'the pill' and it like reverberated in my mind. Time slowed [laughs]. [whispers] Oh my god, she knows I'm having sex...!

When Tara recounted the story of her mother coming to talk to her she used hand gestures and a funny voice to indicate thinking out loud in her head, 'Oh my god, she knows I'm having sex...!' Her narration indicates the shift from a child-like or sex-less identity to a sexually active identity and the awkwardness that is sometimes experienced around sexual transitions. Her lowered voice indicates that the discussion is a private one between mother and daughter, or woman and girl. Tara did not perceive her mother's insistence on discussing sexual matters as out of the expected or accepted realm of actions. Later in our conversation, she even noted that she was grateful that her mother was open to talking about sex and contraception. Lucie, a 22 year old Caucasian francophone, Sheila, a 20 year old African-Canadian, and Alicia, a 24 year old Caucasian anglophone, all recounted similar involvement from mothers. All of these young women perceived a conversation about the pill with their mother as a natural part of growing up.

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The extent to which taking the pill is associated with young heterosexual female sexuality, in a manner consistent with the more general characteristics of mainstream girl culture, is suggested by my interview with Alexandra.

*Alexandra:* [Taking the pill is] almost seen as an un-queer thing to do, does that make sense? ... I guess people question my authenticity as a queer person because I'm subscribing to this, this thing that's largely considered to be in a heterosexual domain.

For Alexandra, taking the pill involved navigating social assumptions about her status as a queer woman alongside the assumption by her doctor that she was a 'normal' heterosexual 16 year-old girl who 'should probably be on the pill'. As did Mona, a 20 year-old Arabic-Canadian and Erin a 20 year old anglophone Caucasian Canadian, Alexandra had started taking the pill in order to treat polycystic ovaries. All three women also relied on the pill for contraception when having penetrative sex with men. However, as a queer woman, Alexandra found that her friends frowned on her choice to take the pill, because it was seen as inconsistent with queer body politics. Her narrative is an excellent example of the fluid and shifting quality of subjectivity in relation to the pill. Not all young women who take the pill necessarily fit within mainstream conceptions of girl subjects. Yet, even outside of mainstream culture, there is a strong association between girls and the pill that supports the aforementioned value placed on non-reproduction. I now turn to the ways that the boundaries of acceptable conduct emerged in the narratives of participants. Interestingly, I found that participants were highly judgmental of the ways that friends and close family members engaged in fertility control, and they even engaged in active criticism of their own conduct.

### **'You are playing with fire...'**

*Allison:* ...there are people I've heard of and who are just using a condom, or like a pull out method, I'm like, "You are playing with fire". I see that as not very responsible. I definitely was really glad when my sister went on the pill for her cramping, because well she's very different from me, she's very private and not as talkative. I was sort of worried she would be shy about getting it and would maybe be sexually active before she went on it. So because she went on the pill before she was sexually active, I remember feeling a real relief... she's covered, I thought. Yeah and definitely friends that have had sex without being on the pill, like I have a friend who goes off and on it and it's just like she goes off and off of it, I'm like, [whispering] "Why don't you just take it consistently"?

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Allison's narrative illustrates the strong social norm that compels pill use for young women. There are positive benefits for young women in taking the pill, in particular a high degree of control over fertility. However, when taking the pill is so closely attached to notions of individual responsibility, young women who are unsuccessful at realizing control—vis-à-vis taking the pill—are constructed as irresponsible and careless. The fact that Allison lowered her voice when stating, "Why don't you just take [the pill] consistently?" suggests that having to remind a young woman about the need to be responsible is embarrassing; it should not have to be brought out into the open, as everyone should already know it.

While most women mentioned friends at some point in the interview, Christie, Serena, Sheila, Hannah, and Allison, recounted multiple instances where they discussed the pill and in particular the contraceptive habits of friends. Like many other participants, Christie, a 22-year-old African-Canadian, had relied on the support and advice of her mother, and several doctors. However, she had also relied on the advice of friends, who offered suggestions as to what pill brands to ask doctors for. She even noted switching pill packets with friends to try different kinds. As Christie told me, girls talk about the pill all the time. Similarly, Serena recounted that she loved doing the interview, because she was used to talking about the pill with friends. She indicated that several times she had warned friends about the dangers of withdrawal.

*Serena:* My friend... her boyfriend would forget to pull out, and I was like, "You can't do that!"

At this point in the interview, Serena lowered her voice to indicate that using withdrawal reflects poor judgement; it is an irresponsible method.

However, Serena pointed out to me that she recommends the pill, even though her experience has been varied and she is concerned about the associated risk of stroke. She indicated to me that when giving advice, she always tells friends about her experience.

*Serena:* And then, you know, I would tell them my experience, I've been on it for a year and a half. Like yeah, the first month is gonna suck, you're not gonna like it. ... And then I would tell them that I didn't gain weight, nothing bad really happened to me, except for my migraine. And I would mention that, just because I feel like a lot of the times these serious side-effects or whatever can seem very far away. But it's like, oh I think I might have actually had a stroke. So, be careful.

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Serena highlights the importance of friends as a source of contraceptive knowledge. However, her narrative also indicates that pill use is expected even if there are negative outcomes that would seem to make taking the pill undesirable.

All but three participants identified some side-effects associated with taking the pill, ranging from mild to severe. Some of these side-effects included: headaches, breast tenderness, very short periods, very long periods, increased cramping, bloating, migraines, stroke, yeast infections, mood changes and vomiting. Participants also recognized that accessing doctors and clinics to get a prescription was not always easy. Pharmacies were often closed on holidays or too far to get to without a car. Further, maintaining a prescription involved having easy access to a clinic and insurance to cover the cost of the pill.<sup>12</sup> While taking the pill was expected and natural, this did not mean it was 'easy' and participants found managing the various effects of the pill had come with difficulties.

Despite these difficulties, I found that for participants there was a very strong association between taking the pill and responsible sexual conduct. As 'good' girls, the young women I interviewed knew what was at stake and what would happen if they were 'unsafe' or 'not careful' even though this was rarely stated directly. I found that the spectre of the young pregnant woman was a largely subjugated discourse in the interview transcripts. When discussing an unplanned pregnancy of a relative or friend, participants would use a lowered voice and euphemisms--such as 'she was unlucky' or 'she did what she had to do'. While in some cases the strength of social norms emerged from social relationships, participants commonly engaged in critique of their own conduct. For example, Lise was a 24 year-old Caucasian francophone. She started taking the pill when she was 20 to prevent pregnancy.

*Lise:* I think as much as I'm pro-abortion if that happens, I still would feel pretty bad about that happening and about like not having seen it coming. ... And when I thought it had happened, I was really sad, like I was really disappointed in myself, for not having taken the necessary precautions. So the fact that people take it so lightly...

At this point in the interview, Lise and I were discussing her general views about the pill. She recounted that she had recently had a 'pregnancy scare' and that it had made her feel like she had let herself and her boyfriend down. As Lise observes, pregnancy prevention is not to be taken

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lightly. What I find relevant here is that Lise identified a possible pregnancy as a personal failure, as opposed to a technological failure.

The mainstream news media and pharmaceutical advertising regularly associate pill use with women's autonomy and freedom. Reflecting this belief, the 50<sup>th</sup> anniversary<sup>13</sup> of the pill was marked by articles in prominent newspapers and magazines across Canada, all of which heralded the device as the single most important invention of the 20<sup>th</sup> century for women (Allemang 2010; Galipeau 2010). Situating pill use as an individual choice celebrates the autonomy and freedom that many young women enjoy today in Canada, but equally establishes non-reproduction as a state that is attainable through responsible conduct. Within triumphant narratives of the impact of the pill on the relative autonomy of women, the difficulties that young women face in attempting to maintain the non-reproductive body through using and accessing pharmaceutical technologies are often marginalised or ignored (Smith 2013). Further, I found that in general participants were conflicted about taking the pill, even though they identified the pill as generally positive for women. For example, Erin, a 20 year old Caucasian anglophone, Christine a 19 year old Caucasian francophone, and Kim, a 28 year old Asian-Canadian, all indicated that they had misgivings about taking the pill for a variety of reasons. And yet, all three indicated that they would continue using it nonetheless. As Lynn, a 22 year old Caucasian stated, for girls, '...there's no way around [the pill]'.

### **Beyond non-reproduction and the rhetoric of self-control**

*Lisa:* So, today, how do you feel about using the pill?

*Lynn:* Mmm... it's kind of just something that I do now. I don't feel great about it, because I fought pretty hard in the past to try and get off of it, but I haven't been able to find a specific reason or an alternative. I don't feel awful about it, because the one that I'm on is fine. I don't know if it's like making me have mood swings. I'm also like there could be all kinds of other factors that could make me feel blue. I feel ok about it. A friend of mine, a bunch of friends of mine don't take the pill because they think it's toxic. And they're always telling me to get off of it and that it's toxic. And my counter-argument is like, 'Ok, well you're having unprotected sex'. And I'm really not going to do that. So ... I'm not going to go off of it, because it's like either celibacy or take the pill.

No law exists in Canada forcing sixteen-year old girls to start taking the pill. Regardless, a large majority of young women begin taking the pill at this age. Such social conformity in the face of a widespread assumption of 'choice' requires examination and explanation. I have attempted to turn

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a critical eye on the standards by which young women are judged and the ways they struggle with the use of pharmaceutical devices in seeking to realize social and cultural ideals, in particular maintaining a non-reproductive body. There can be radical resistance in rejecting the reproductive imperative; indeed, a major thrust of the feminist movement has been the assertion that a woman has the right to bodily autonomy and to determine when and how she becomes pregnant. Yet, as Ruhl (2002) observes, pregnancy is sometimes planned, sometimes unplanned, and even sophisticated pharmaceutical devices do not result in certainty. Further, telling young women how easy they have it does not make it easier to work within the confines of social norms of reproduction.

Even so, to imply that women are forced or duped into taking the pill would be a disservice to my participants and equally to myself. Through extensive research and my own personal experience, I know it is quite simply more complicated than that. For young women today, getting on the pill involves a complicated practice of autonomy that is tied to the particular characteristics of girls as subjects under neoliberalism. To some extent, the relationship between girls and the pill can be explained by understanding more general shifts that seek to encourage individual responsibility for health, and fertility control in particular. However, as subjects situated on the border of childhood and adulthood, young women have to work even harder to maintain non-reproduction because the consequences of an unexpected pregnancy threaten their own future, their family, and society more generally. As Lynn observes, today, taking the pill is just something she does. Even though she has some concerns about the side-effects, as a young woman she has to choose between celibacy and taking the pill. Indeed, for a responsible girl, making the right choice paradoxically involves making no choice at all.

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<sup>1</sup> To protect the confidentiality of participants a pseudonym has been assigned.

<sup>2</sup> In this paper I use 'the pill' to refer to the oral contraceptive pill.

<sup>3</sup> In Canada, numbers shift depending on the study. For the youngest age range, generally 15-19, the most popular method of contraception is either the condom or the oral contraceptive pill. However, the most popular woman-centred method remains the pill and rates of pill use are highest among young women. For example, Black et al. found that 67% of women aged 15-19 and 58.3% of women aged 20-29 relied on the pill. In the same study, only 31.5% of women over the age of 30 and 17% of women over the age of 40 relied on the pill for contraception.

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<sup>4</sup> An example of the demarcation between pre-teens, girls, and women within North American popular culture can be seen in two popular television shows: HBO's *Girls* and CBS's *2 Broke Girls*. *Girls* follows a group of twenty-somethings living in New York City as they fumble through life, taking on random jobs, partying with friends, and engaging in sexual encounters. *2 Broke Girls* follows the lives of two young women in their early twenties working at a diner and trying to start a small business. Contraception and sexually transmitted diseases figure prominently in the narratives of both shows as the characters fumble through relationship troubles and random sexual encounters. The characters are not yet capable of embodying idealized representations of autonomy and individual agency; they are still figuring out life. These two shows feed a stereotype of young women as subjects on the border between adulthood and childhood. The characters are both mature *and* immature.

<sup>5</sup> In a previous publication I have examined the ways that pharmaceutical marketing for the pill mobilizes competing discourses of 'girl power'. Within advertising campaigns girl subjects are constructed as both powerful and powerless (See Smith, L., 2014. Girl power and the pill: Unpacking web-based marketing for Alesse and Yasmin. In: Paterson, S., Scala, M., and Sokolon, M. eds. *Fertile Ground: The politics of reproduction in Canada*. Montreal: McGill-Queen's University Press, 257-279).

<sup>6</sup> Of the women who participated in the study many self-identified as a member of an ethnic minority group: two identified as Asian-Canadian, four as African-Canadian, three as Caucasian-American, one as Aboriginal-Canadian, fifteen as Caucasian-Canadian, and two as Arabic-Canadian. Twelve participants identified French as their first language, 13 identified English as their first language, and 2 identified a language other than French or English as their first language. All of the young women self-identified as heterosexual, with the exception of one participant who self-identified as queer. Eight women indicated that they grew up in single-parent households, and eight identified as growing up in lower-income neighbourhoods in Montreal or elsewhere. Many participants were studying, but they were not all students. Eighteen participants were full-time students, two worked part-time and studied part-time, and seven worked full-time.

<sup>7</sup> This research was approved by the Carleton University Research Ethics Board (REB) and all research participants signed an informed consent form. In applying for ethics clearance, I identified that my research carried 'minimal risk' for participants. I found the REB did not agree. In my original ethics submission I proposed focus groups with young women and interviews with women aged 16-28, to understand the joint construction of knowledge as well as to document changes over time. I also proposed Skype, email, and telephone interviews to allow me to access populations outside of Montreal. I received a list of modifications to my research proposal from the REB. In particular, the committee found that interviews with 'young' women and focus groups were not appropriate due to the 'sensitive' nature of the topic. Young women, I was told, were uncomfortable discussing sex in a group setting. Further, interviews had to take place in Montreal so I could provide participants with health and counselling services close by should problems arise during the interview thus ruling out the use of Skype, email or telephone interviews in other locales. The REB identified young women as a potential at-risk population and sexuality (or in this case a device associated with sexuality) as a potentially problematic topic. I do not object to the concern expressed by the REB and I was happy to

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comply with most of their recommendations. I did, however, find it interesting that none of the women requested the list of clinics or social services for issues that arose during the interview. They did, however, ask for a list of clinics that could provide the birth control pill easily or for free. Many of the young women I interviewed noted that it was often difficult to access the pill and to find doctors that were non-judgemental. Further, the REB's insistence that I provide resources for institutions is also interesting in light of the fact that many of the young women I interviewed identified peers and not medical professionals as the most helpful resource in talking about the pill. Doctors, and in particular university health clinics, were often identified as unhelpful and as an unpleasant necessity. Further, once I began conducting interviews (as opposed to focus groups) most of the young women I spoke with saw talking about the pill as mundane, somewhat innocuous, and commonplace.

<sup>8</sup> The ways that race and class intersect with the regulation of reproduction, have incited contentious debates among feminists that continue in contemporary scholarship. Black feminists have been the most vocal critics of a white feminist focus on non-reproduction (see Angela Davis, 1983, *Women, Race and Class*; Dorothy Roberts, 1998, *Killing the Black Body*). Equally, in Quebec, the intertwining of the Catholic Church with reproductive politics has warranted particular attention among historians.

<sup>9</sup> According to Sawyer, the attribution of the term "discourse" to Foucault's work in *The Archaeology of Knowledge* is actually a misreading and scholars commonly attribute a particular use of discourse that does not correspond to Foucault at all. Sawyer insists on the centrality of the discursive formation as discussed in *History of Sexuality* as opposed to discourse. Following Sawyer's suggestion, in this paper I rely primarily on "discursive formation" and use discourse or discourses only to refer to specific textual events that might occur within a discursive field or various pill discourses. I also modify Hall's (1997) guidelines for studying discourses of "madness, punishment or sexuality." Instead, I examine current pill discourses as they circulate within a discursive formation particular to Canadian society. See Keith Sawyer. 2002. 'A discourse on discourse': An archeological history of an intellectual concept. *Cultural Studies*, 16 (3), 433-456.

<sup>10</sup> Biographical details are only provided once for each participant. After the first mention only the name will be used.

<sup>11</sup> Several participants indicated that they withheld the information that they were taking the pill to ensure that their sexual partner would use a condom.

<sup>12</sup> In Canada, the cost of the pill is relatively low. Most brands cost between 20 and 30 dollars. Most individuals have group health insurance plans that cover the cost of the birth control pill. However, most participants were reliant on the insurance plan of their parents, which would expire when they were no longer students or reached the age of 25. Five participants were international students and they did not have access to health insurance.

<sup>13</sup> The anniversary celebrated in the Canadian newspapers is the approval of the pill in the United States by the FDA.

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**Lisa Smith, ‘You’re 16...you should probably be on the pill’: Girls, the non-reproductive body, and the rhetoric of self-control**

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